



**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF OKLAHOMA  
CREDIT CARD CHARGE AUTHORIZATION**

**INSTRUCTIONS FOR COMPLETING FORM: THIS FORM MUST BE TYPED.** A new form must be completed and submitted to the Court Clerk with **each request to charge** if the filing is made by:

- ✓ A person other than the person or business named on the credit card; or
- ✓ A person other than the authorized signator on the credit card; or
- ✓ Mail or fax. An emailed request will be rejected.
- ✓ An attorney or creditor presenting a credit card bearing their name **is not** required to submit this form.
- ✓ One Authorization Form is sufficient for multiple simultaneous filings on the total credit card charge.

To prevent rejection of the charge, this form must be **COMPLETED IN ITS ENTIRETY**. A handwritten original or faxed signature is required. This form may be retained by the Court Clerk for the purpose of verifying the charge. Questions concerning the form should be addressed to Anita Van Cleef or Sheila Sewell at 405 609-5700.

**AUTHORIZATION TO CHARGE FILING FEES**

**A new and separate form is required for each request to charge.**

I hereby authorize the U.S. Bankruptcy Court for the Western District of Oklahoma to charge the credit card listed below for the payment of fees, costs, and expenses which are incurred by the authorized user listed below. I certify that I am authorized to sign the credit card and/or I am authorized to sign this form on behalf of my law firm, corporation, partnership, or business. I understand that, if the charge is not accepted by the issuing company, another form of payment will be required before the pleading will be filed. I understand that this form may be retained by the Court Clerk for the purpose of verifying the charge.

Name on Credit Card: \_\_\_\_\_

Name of Person Signing Authorization: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Names of Authorized Users: List the names of individuals presenting pleadings for filing who may charge the filing fees.

Typed Name of Filer

Signature of Filer

\_\_\_\_\_  
\_\_\_\_\_

Name of Law Firm/Corporation/Partnership/Business: \_\_\_\_\_

**Exact Billing Address** as it appears on the credit card statement:

Street Address or Post Office Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_/\_\_\_\_\_

Card Type (Check One)

☐ MasterCard    ☐ VISA    ☐ Discover    ☐ Diners Club

V Code: \_\_\_\_\_ The 3 digit number found on the back of most credit cards.

☐ American Express    The 4 digit ID number usually found on the front of the card. \_\_\_\_\_